

85-68 COWLE STREET

SHAW-WALKER

First cut #820R - Half cut #820R - Third cut #820R - Fifth cut #820R



Location, Ownership and detail must be correct, complete and legible.
Separate application required for every building.
Plans must be filed with this application.

Application for Permit for Alterations, etc.

Portland, May 14th '12. 191

To the
INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following-described building:--

Location, 57 Coyle St. Wd.
Name of owner is? Chester H. Pease Address, Do
Name of mechanic is? Porter Burnham Co Kennebec St
Name of architect is?
Material of building is? Wood Style of roof? Shingled Material of roofing? Pitch
Descrip- Size of building, feet front? ; feet rear? ; feet deep? : No. of stories?
tion of Size of L, feet long? ; feet wide? ; feet high? : No. of stores? ; roof?
Present No. of feet in height from sidewalk to highest point of roof? Material of founda
Bldg. Thickness of external walls? Party walls? Distance from line of street? Width street?
What was the building last used for? How many families? Number of stores?
Nature of egress? Size of lot front? ; rear? ; deep?
Building to be occupied for after alteration. Estimated cost?

DETAIL OF PROPOSED WORK.

Build on Two additions and Barrier Window.

IF EXTENDED ON ANY SIDE.

Size of extension, No. of feet long? 32 ; No. of feet wide? 14 No. of feet high above sidewalk?
No. of stories high? 1 & 2 ; style of roof? ; material of roofing?
Of what material will the extension be built? Wood Foundation? Stone
If of brick, what will be the thickness of external walls? inches; and party walls inches.
How will the extension be occupied? Dwelling How connected with main building?
Distance from lot lines:— Front? ; side? ; rear?

WHEN MOVED, RAISED OR BUILT UPON.

Number of stories in height when moved, raised or built upon? Proposed foundations?
Number of feet high from level of ground to highest part of roof to be?
Distance back from line of street? Distances from lot lines when moved?
Distance from next buildings when moved? ; front? ; side? ; side? ; rear?
How many feet will the external walls be increased in height? Party walls?

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED.

Will an opening be made in the party or external walls? in story.
Size of the opening? How protected?
How will the remaining portion of the wall be supported?

Signature of owner or
authorized representative,

Address,

Porter Burnham Co
85 Kennebec St

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.

57 Cyle St. x
55-63

FINAL REPORT.

191
Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? Doc. No. of 191

Nature of violation?

Approved

PERMIT GRANTED.

191
Permit filed out by
Permit number
Location 57 Cyle St.

Violation removed when? 191

Estimated cost of alterations, etc., \$

Inspector of Buildings.



City of Portland.

227
3027

1911

To the Inspector of Buildings of the City of Portland:

The undersigned respectfully makes application for a permit to erect enlarge
a building on *1st* street, at number *57*
to be *one* stories high *20* feet long,
23 feet wide; also an addition to be *one* stories
high, *23* feet long, *23* feet wide, and to
be used as a *garage*

The material to be used in the erection and enlargement of said building is to be as follows:

Exterior walls to be made of *lumber*

Roof to be made of *shingles*

Windows to be made of *"*

Cornices to be made of *"*

Bay windows to be made of *"*

Dormer windows to be made of *"*

The builder is *Porter-Rumrill Co* Address *85 N. 1st St.*

The architect is *"* Address *"*

The owner is *Charles H. Jones* Address *57 E. 1st St.*

(Applicant to sign here) *Porter-Rumrill Co*

OFFICE OF
INSPECTOR OF BUILDINGS,
FOR THE
CITY OF PORTLAND.
OFFICE HOURS:
10-11 A. M. 4-6 P. M.

The above petition was granted the *8th* day of *July* 1911

55-63
57 Cuyler St.

APRIL "11

6-11

901942

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$20.00 Zone _____ Map # _____ Lot # _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Chester Pease Phone # 799-4181
Address: 7 Hermit Thrush Rd., Cape Elizabeth, ME 04107
LOCATION OF CONSTRUCTION 57 Coyle Street

Contractor: Les Wilson & Sons Sub: 04092
Address: P.O. Box 1028, West., ME Phone # 854-4583
Est. Construction Cost: _____ Proposed Use: Sin. Fam.
Past Use: same
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion To remove one 250 gal. gas. tank and one 1,000 gal

fuel oil tank, as per plan. DEP form enclosed. Ceiling:

Foundation:
1. Type of Soil: _____
2. Set Backs: Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floor:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

Copyright GPCOG 1988

For Official Use Only PERMIT ISSUED
Date: Sept. 11, 1990 Subdivision: _____
Trade Fire Limits: _____ Name: SEP 26 1990
Adg Code: _____ Lot: _____
Time Limit: _____ Ownership: City of Portland
Estimated Cost: _____

Zoning: R-3 Residence
Street Frontage Provided _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance: _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other (Explain): OK WSA 7-25-90

HISTORIC PRESERVATION
1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark.
2. Ceiling Strapping Size: _____ Spacing _____ Does not require review.
3. Type Ceilings: _____ Size _____ Requires Review.
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:
1. Truss or Rafter Size _____ Span _____ Action: Approved.
2. Sheathing Type _____ Size _____ Approved with Conditions.
3. Roof Covering Type _____

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
1. Approval of soil test if required Yes _____ No _____
2. No. of Toilets or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rinaldi

Signature of Applicant: Donald Wilson **PERMIT ISSUED**
Signature of CEO: John Wilson **WITH LETTER**

Inspection Dates: 7-13-90

901942

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fees \$100 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Chester Pease Phone # 794-4181
Address: 7 Hermit Thrush Rd., Cape Eliz., ME 04107
LOCATION OF CONSTRUCTION 57 Cattle Street

Contractor Les Wilson & Sons Sub: 04092
Address: P.O. Box 1028, West., ME Phone # 854-4523
Est. Construction Cost: _____ Proposed Use: Sin. beam
Past Use: gar
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion To remove one 250 gal. gas. tank and one 1,000 gal

For Official Use Only		PERMIT ISSUED	
Date <u>Sept. 11, 1990</u>	Subdivision _____	Name _____	Lot <u>SEP 26 1990</u>
Inside Fire Limits _____	Bldg Code _____	Ownership: _____	Public _____ Private _____
Time Limit _____	Estimated Cost _____	City of Portland	

Foundation: _____
1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor: _____
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joist Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls: _____
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls: _____
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling: _____
1. Ceiling Joists Size _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof: _____
1. Truss or Rafter Size _____
2. Sheathing Type _____
3. Roof Covering Type _____

Chimneys: _____
Type: _____ Number of Fire Places _____

Heating: _____
Type of Heat: _____

Electrical: _____
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing: _____
1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools: _____
1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Joyce M. Rios
Signature of Applicant Paul Wilson
Signature of CEO William D. Miller Date 9-13-90
Inspection Dates _____

PERMIT ISSUED
WILL D. MILLER
Date 9-13-90

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 20.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record	
	Date	
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

COMMENTS 10/9/90 Dino AR

Signature of Applicant *Dino AR* _____

Date _____

BUILDING PERMIT REPORT

DATE: 9-13-70

ADDRESS: 57 Coy's St

REASON FOR PERMIT: Underground Tank Removal Installation

1- 250 Gal Gasoline - and 1-1000gal Fuel oil

BUILDING OWNER: Chester Pease

CONTRACTOR: Les Wilson + Sons

PERMIT APPLICANT: David Wilson

APPROVED: Lox DENIED

CONDITION OF APPROVAL OR DENIAL:

- ✓ (1) All underground tank removal and/or installation shall be done in accordance with Department of Environmental Protection Regulations Chapter 691
- ✓ (2) No cutting of tanks on site. Cutting of tanks to be done at an approved tank disposal site.
- ✓ (3) Fire dispatcher must be notified 48 hours in advance of removal and/or transportation of tanks.

Maine Department of Environmental Protection
Bureau of Oil & Hazardous Materials Control
State House Station #17, Augusta, Maine 04333
Telephone: 207-289-2651
Attn: Tank Removal Notice

COPY

NOTICE OF INTENT
TO ABANDON (REMOVE) AN
UNDERGROUND OIL STORAGE FACILITY

Name of Facility Owner: Charles Peg
Mailing Address: 7 Hermit Street Rd Telephone No: 799-4181
City: Cap Elizabeth State: Me Zip Code: _____
Contact Person (name, address & telephone no.): _____
SAME
Name of Facility: 57 Coyle St Registration No.: _____
Facility Location: Portland, Maine

1. Identify the tanks at this location which are to be removed:

	Tank Number	Age of Tank (Years)	Tank Size (Gallons)	Type of Product Most Recently Stored
A.	1	30?	250?	GAS
B.				
C.	2	30?	1000	FUEL OIL
D.				

2. Directions to Facility (be specific):

CORNER OF McRae + Coyle St - off Forest Ave.

3. Is tank(s) used for the storage of Class I liquids (e.g. gasoline, jet fuel)? Yes ☒ No ☐ (IF YES, REMOVAL OF THE TANK MUST BE UNDER THE DIRECTION OF A CERTIFIED TANK INSTALLER OR PROFESSIONAL FIREFIGHTER.)

4. Name and telephone number of contractor who will do the tank removal: LEE WILSON & SONS 854-4583

Certified Tank Installer Certification Number & Name (if applicable):
200 - 017 - 299 - 298

Professional Firefighter Yes ☐ No ☒ (Affiliation: _____)

5. Expected date of removal: 9/17/90

I hereby provide Notice that I intend to properly abandon the underground oil storage facility as described above.

Date: 8/20/90

Ronald Wilson Rep.
Signature of Tank Owner or Operator
Ronald Wilson Rep.
Printed Name and Title

THIS FORM MUST BE FILED WITH THE DEPARTMENT AND LOCAL FIRE DEPARTMENT 30 DAYS PRIOR TO REMOVAL - RETURN POSTCARD WHEN TANK(S) HAS BEEN REMOVED.

Mail original and yellow copy to DEP; pink copy to fire dept.; retain gold copy

RECEIVED
SEP 11 1990
DEPT. OF BUILDING INSPECTIONS
100 SOUTH STREET
PORTLAND, ME 04101

DEPARTMENT OF ENVIRONMENTAL PROTECTION
REGISTRATION FORM FOR UNDERGROUND OIL
AND HAZARDOUS SUBSTANCES (CHEMICAL)
STORAGE TANKS
(Pursuant to 38 M.R.S.A. Section 563, 40 CFR Part 280)

1. REGISTRATION NUMBER: _____ STATE USE ONLY
(Complete only if a registration has been previously assigned by the Department of Environmental Protection.) DATE OF REGISTRATION: ____/____/____

2. FACILITY INFORMATION

A. Name of Facility: Chester Pease
B. Street Address of Facility: 57 Cook St
C. Town/City where facility is located: Portland, MAINE
D. Mailing address: 17 Hermit House Rd C.E. ME.
E. Zip Code: _____ F. Telephone: (207) 799 4181
G. Directions to Facility: Corner of Cook & Melrose St
H. Are any planned or existing tank(s) (including piping and pumps) within 1000 feet of a public water supply source? Yes _____ No ✓
I. Are any planned or existing tank(s) (including piping and pumps) within 300 feet of a private water supply source? Yes _____ No ✓
J. (Complete if the answer to (I) above is YES.) Is the water supply which is located within 300 feet of the tank(s) owned by someone other than the facility owner or operator? Yes _____ No ✓
K. Is the facility located on a sand and gravel aquifer or recharge area as mapped by the Maine Geological Survey? Yes _____ No ✓

(If you wish assistance in answering item (K), please call the Department at (207) 289-2651. Sand and gravel aquifer maps can be reviewed at any of the Department's offices or purchased at a nominal fee from the Maine Geological Survey, State House Station #22, Augusta, Maine 04333, (207) 289-2831.)

If the answer to item (H), (J) or (K) above is yes, the facility is in a sensitive geologic area requiring certain conditions for tank installation. A new or replacement tank used for marketing and distribution of oil in such an area requires secondary containment or ground water monitoring.

NOTE: The installation of 2000 gallons or greater combined tank capacity, on a significant sand and gravel aquifer requires the installation of 360" double containment tanks and piping with interstitial monitoring.

STATE USE ONLY			
Reviewer:	Date:	Map Number:	Comment:

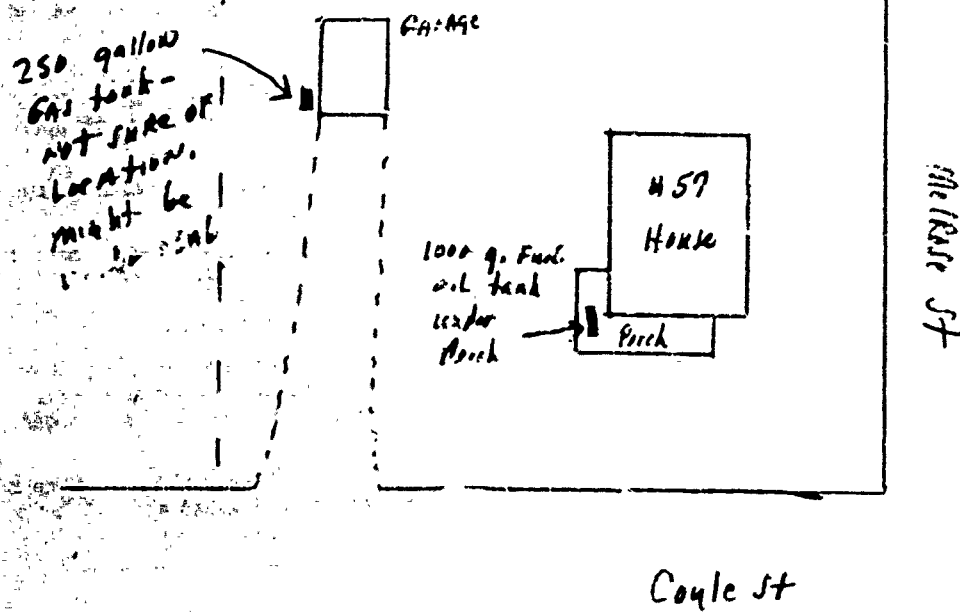
L. Facility is now or will be used for (check one):

- | | |
|---|---|
| <input type="checkbox"/> Wholesale Distribution of Oil | <input type="checkbox"/> Oil storage at a multi-family residence |
| <input type="checkbox"/> Retail Distribution of Oil | <input type="checkbox"/> Oil storage/farm |
| <input type="checkbox"/> Oil storage at a Commercial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/Public Facility (state or local) |
| <input type="checkbox"/> Oil storage at an Industrial Establishment for on-site consumption | <input type="checkbox"/> Oil storage/Federal Facility |
| <input checked="" type="checkbox"/> Oil storage at a single family residence | <input type="checkbox"/> Chemical (hazardous substance) storage |

RECEIVED
SEP 11 1990
DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

12. If this registration involves the replacing or installing of tanks or piping, the following information must be attached:

- (a) A map, plotted on the most current 1:24,000 scale (7½ minute) USGS topographical quadrangle, showing the location of the facility. If a 7½ minute map is not available, a 1:62,500 scale (15 minute) map may be used.
- (b) Attach a drawing of the facility showing the location of TANKS AND PIPING to be installed and any existing tanks. THE FORM OF ADDITIONAL PROTECTION for tanks used for marketing and distribution of oil in sensitive areas MUST BE DETAILED ON THE DRAWING. Monitoring well locations must be provided for all tanks greater than 1,000 gallons used for on-site consumption of oil.



3. TANK OWNER: A. Name: Pease Chester
(last) (first) (middle initial)
B. Mail Address: 7 Hermit Thrush Rd
C. Town/City: C.E. D. State: MAINE
E. Zip Code: _____ F. Phone: 7994181
4. TANK OPERATOR: A. Name: SAME
(if different from owner)
B. Mail Address: _____
C. Town/City: _____ D. State: _____
E. Zip Code: _____ F. Phone: _____
5. CONTACT PERSON: A. Name: SAME B. Phone: _____

6. Attach a check for the applicable registration fee made payable to the State of Maine Groundwater Fund and return with this form to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control—State House Station #17, Augusta, Maine 04333).

Registration fees are applicable ONLY to active, new, or replacement tanks used for the MARKETING AND DISTRIBUTION OF OIL. Registration fees are due upon registration and annually thereafter, prior to the FIRST DAY OF JANUARY. Fees are as follows:

Number of Tanks _____ 6,000 gallons or under in size at \$25.00 per tank = \$ _____

Number of Tanks _____ over 6,000 gallons in size at \$50.00 per tank = \$ _____

Fee Computation Worksheet:

a. _____ # tanks 6,000 gallons or under in size at \$25.00 per tank = \$ _____

b. _____ # tanks over 6,000 gallons at \$50.00 per tank = \$ _____

c. Total Annual Fee due — add a & b = \$ _____

7. MAKE TWO (2) COPIES OF THIS FORM. Submit the original to the Department of Environmental Protection (Bureau of Oil and Hazardous Materials Control—State House Station #17, Augusta, Maine 04333). SEND ONE (1) COPY TO THE LOCAL FIRE DEPARTMENT having jurisdiction. RETAIN THE THIRD COPY FOR YOUR RECORDS. For new and replacement tanks, registrations are due at least five (5) business days prior to installation.
8. Complete the next two (2) pages of this form and include each tank currently at the facility and each new or replacement tank planned for the facility.
9. CERTIFY THIS FORM BY SIGNING. By signing this form, I, the tank registrant, certify that all information is accurate and complete to the best of my knowledge, and that I will comply with all applicable federal, state, and local laws and regulations concerning the underground storage of petroleum or other hazardous materials. The owner or operator is required by Maine statutes to file an amendment to this registration with the Department of Environmental Protection immediately upon any change of information contained in this form.

Date: 8/22/90

Ronald Wilson (Rep.)
Owner or Authorized Employee of the Owner
(Please print or type)

Agent for owner
Title

Signature: _____

Ronald Wilson

Agent for owner
Title

10. IF NEW OR REPLACEMENT TANKS ARE INCLUDED WITH THIS REGISTRATION, PROVIDE:

A. Name of Installer: N/A
 B. Installer ID Number: N/A

11. INDIVIDUAL TANK DATA (Complete one [L] line for each tank at the facility, including tanks planned for installation or replacement).

A. Tank Number	B. Tank Type	C. Piping Type	D. Tank Size	E. Form of Additional Protection for New and Replacement Wholesale or Retail Tanks in Sensitive Geologic Areas (Tanks and Piping)	F. Product Stored	G. Tank Age	H. Status	I. Data removed from active service (if applicable)	J. System Type
1	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	250? Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input checked="" type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 FUEL OIL <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	30? (Yr)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled) <input checked="" type="checkbox"/> Abandoned in place (not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
2	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	1000 Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 FUEL OIL <input checked="" type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	30? (Yr)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled) <input checked="" type="checkbox"/> Abandoned in place (not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
1	<input checked="" type="checkbox"/> Bare or Asphalt-coated Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Galvanized <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Double Walled <input type="checkbox"/> Fiberglass <input type="checkbox"/> Double Walled <input type="checkbox"/> Other (Specify)	250? Gallons	<input type="checkbox"/> Continuous Electronic Monitoring of Ground Water <input type="checkbox"/> Continuous Electronic Monitoring of Vapors <input type="checkbox"/> Secondary Containment <input type="checkbox"/> Ground Water Sampling	GASOLINE <input checked="" type="checkbox"/> Regular #1 <input type="checkbox"/> Premium #2 <input type="checkbox"/> Unleaded #4 <input type="checkbox"/> Premium #5 <input type="checkbox"/> Unleaded #8 FUEL OIL <input type="checkbox"/> Diesel Chemical (Specify) Other (Specify)	30? (Yr)	<input type="checkbox"/> Planned <input type="checkbox"/> Active <input type="checkbox"/> Out-of-service <input type="checkbox"/> Abandoned in place (filled) <input checked="" type="checkbox"/> Abandoned in place (not removed) <input type="checkbox"/> Planned for removal	(Mo) (Yr)	<input checked="" type="checkbox"/> Suction <input type="checkbox"/> Pressurized
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902216

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$40. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bernard & Karen Mohr Phone # 775-6577
Address: 37 Kenwood St; Ptld, ME 04102
LOCATION OF CONSTRUCTION 57 Coyle St.
Contractor: Abbot & Leigh Builders Sub: 775-4338
Address: RR2, 425 Bayview St; Yarmouth, ME 04096 Phone # 04096
Est. Construction Cost: _____ Proposed Use: 1-fam dwlg w renovations
Past Use: _____
of Existing Res. Units _____ # of New Res. Units 1-fam
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion Interior renovations

For Official Use Only PERMIT ISSUED
Date 12/7/90 Subdivision: _____
Trade Fire Limits _____ Name DEC 13 1990
Blkg Code _____ Lot _____
Time Limit _____ Ownershp: City of Portland
Estimate: 4000

Zoning: R-3 Residence
Street Frontage Provided: _____ Back _____ Side _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required: _____
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Site Plan _____ Subdivision _____
Conditional U _____ Variance _____ Floodplain Yes _____ No _____
Shoreland Zoning Yes _____ No _____
Special Exception _____
Other (Explain) OK - WDA

Foundation:
1. Type of Soil: _____ Rear _____ Side(s) _____
2. Set Backs - Front _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:
1. Sill Size: _____ Sills must be anchored.
2. Gir Size: _____ Size: _____
3. Joist Column Spacing: _____ Spacing 16" O.C.
4. Joist Size: _____ Size: _____
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____
7. Other Material: _____

Exterior Walls:
1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____ Span(s) _____
4. Header Sizes _____ No. _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____ Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Weather Exposure _____
9. Siding Type _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:
1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____
3. Type Ceilings: _____ Size _____
4. Insulation Type _____
5. Ceiling Height: _____
Action: _____ Approved _____
Does not require review. _____
Requires review. _____

Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
Date: 12/7/90
Signature: [Signature]

Chimneys:
Type: _____ Number of Fire Places _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
1. Approval of soil test if required _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:
1. Type: _____ x _____ Square Footage _____
2. Pool Size: _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase Date 12-7-90

Signature of Applicant [Signature] Date _____
Kenneth C. Leigh

Signature of CEO _____ Date _____

Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO [9] MA. Rowe

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CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 57 Coyle St.

Issued to Bernard & Karen Mohr

Date of Issue 3/29/91

This is to certify that the building, premises, or part thereof, at the above location, built —
— changed as to use under Building Permit No. 90/2216 has had final inspection, has been found to be
substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved
occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

single-family dwelling

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

(Date)

3/29/91

Inspector

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from
owner to owner when property changes hands. Copy will be furnished to owner or leasee for one dollar.

902216

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$40. Zone _____ Map # _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Barbara & Karen Mohr Phone # 978-6577
Address: 37 Kanwood St; Portland, ME 04102
LOCATION OF CONSTRUCTION: 57 Lovia St.
Contractor: Abbot & Leigh Builders Sub: 775-4338
Address: RR2, 425 Bayview St; Yarmouth, ME 04096 Phone # _____
Est. Construction Cost: _____ Proposed Use: _____
Past Use: 1-fam dwlg w renovations
of Existing Res. Units _____ # of New Res. Units 1-fam
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion: Interior renovations -

Foundations:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floors:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

For Official Use Only

Date 12/7/90
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cr 4000
City of Portland

Zoning:

Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____

Review Required:

Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other (Explain) _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____ Action: _____ Approved _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____ Date: 12/7/90
Signature: [Signature]

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [Signature] Date 12-7-90

Signature of CEO Kenneth C. Leigh Date _____

Inspection Dates _____

White-Tax Assessor

Yellow-GPCOG

White Tag -CEO

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PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 40
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type

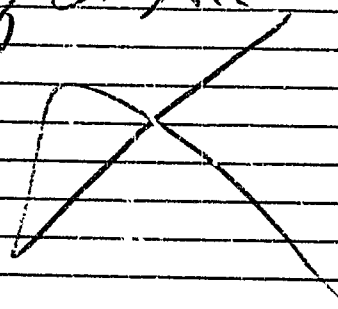
Inspection Record

Date

COMMENTS

3/29/91

Cgo. AA



Signature of Applicant

Keith C. Felt

Date

12-7-90

PLAT 107A

1ST Floor

Living Room Replace window with
A 30" x 6'8" Door

Kitchen Remove A wall To open
Kitchen up + install A new window 57x83"
And new steel door 30' x 6'8"

2nd Floor

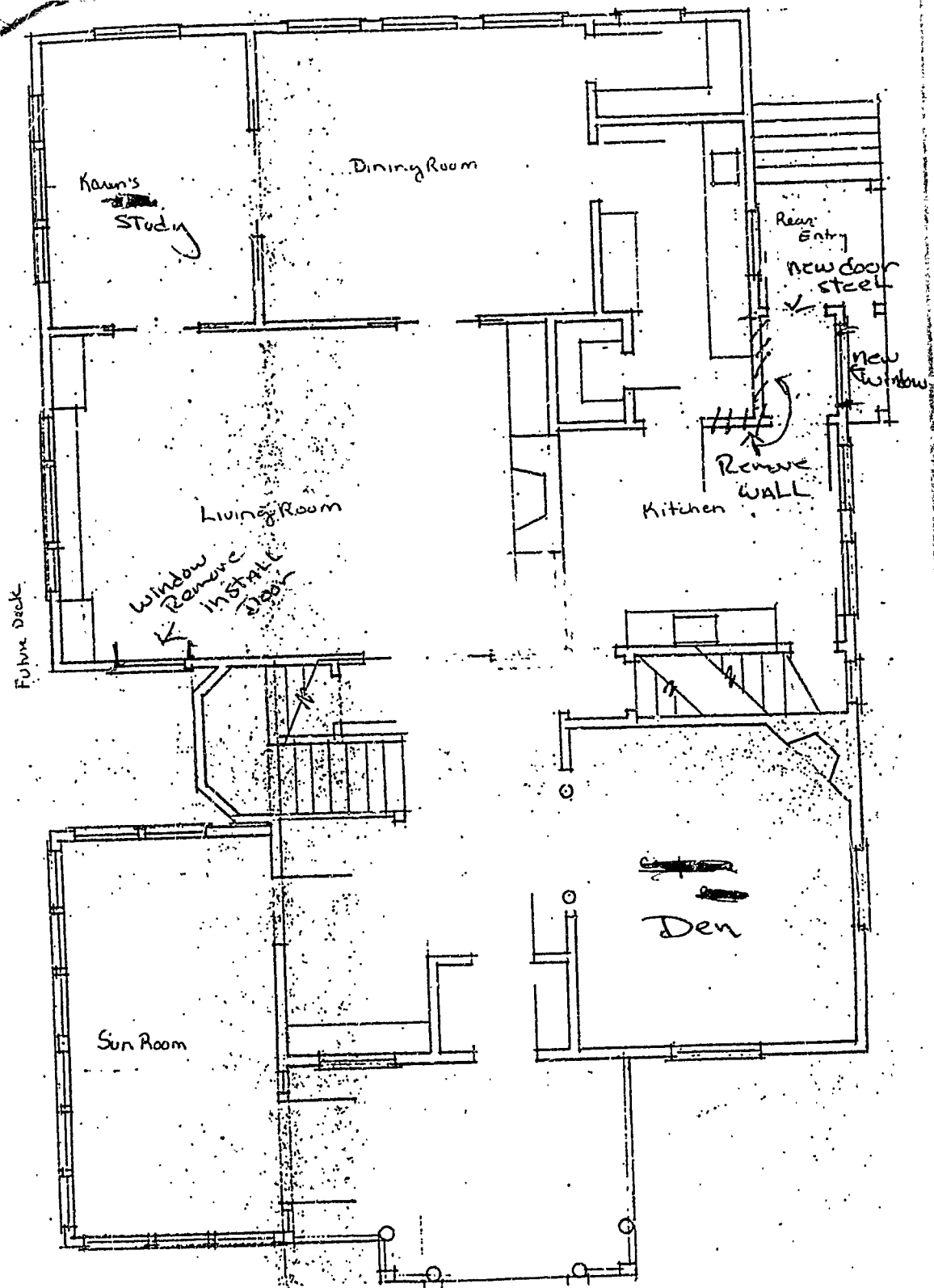
Remove (2) windows in Master Bedroom
Alcove And clapboard over openings

ALL exterior wall. 2x4 construction

RECEIVED

DEC 07 1990

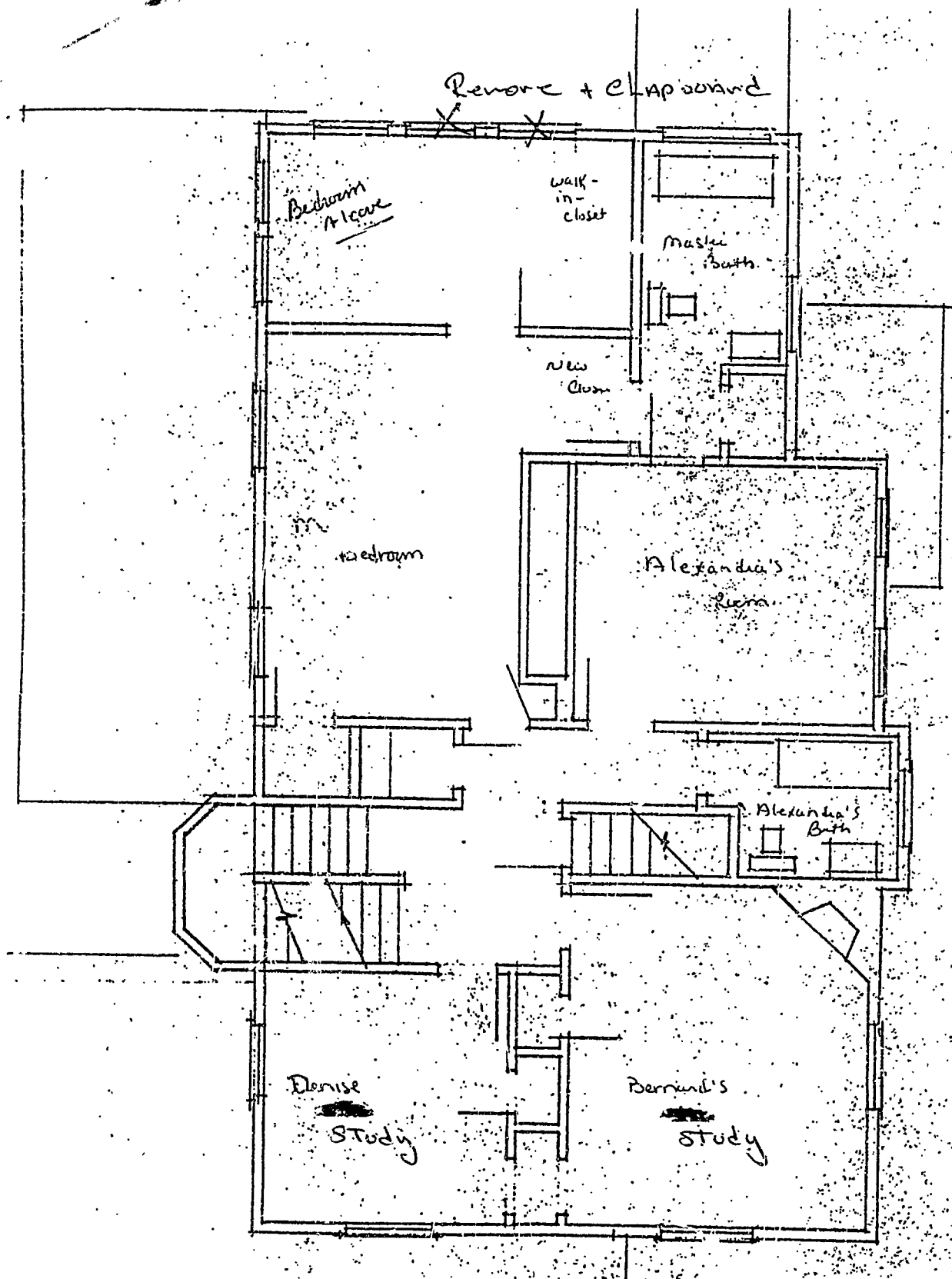
DEPT. OF BUILDING REGULATIONS
CITY OF PORTLAND



DATE OF REVISION

DEC 07 1991

REVISION



ELECTRICAL INSTALLATIONS—

Permit Number 1399

Location 57 Coyle St.

Owner PERALAN Mohr

Date of Permit 6-26-91

Final Inspection 9-4-91

By Inspector [Signature]

Permit Application Register Page No. 110

INSPECTIONS: Service _____ by _____

Service called in _____

Closing-in 7-2-91 by 8/3

PROGRESS INSPECTIONS: 6-28-91, NA / _____

7-1-91, NA, _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ - / _____

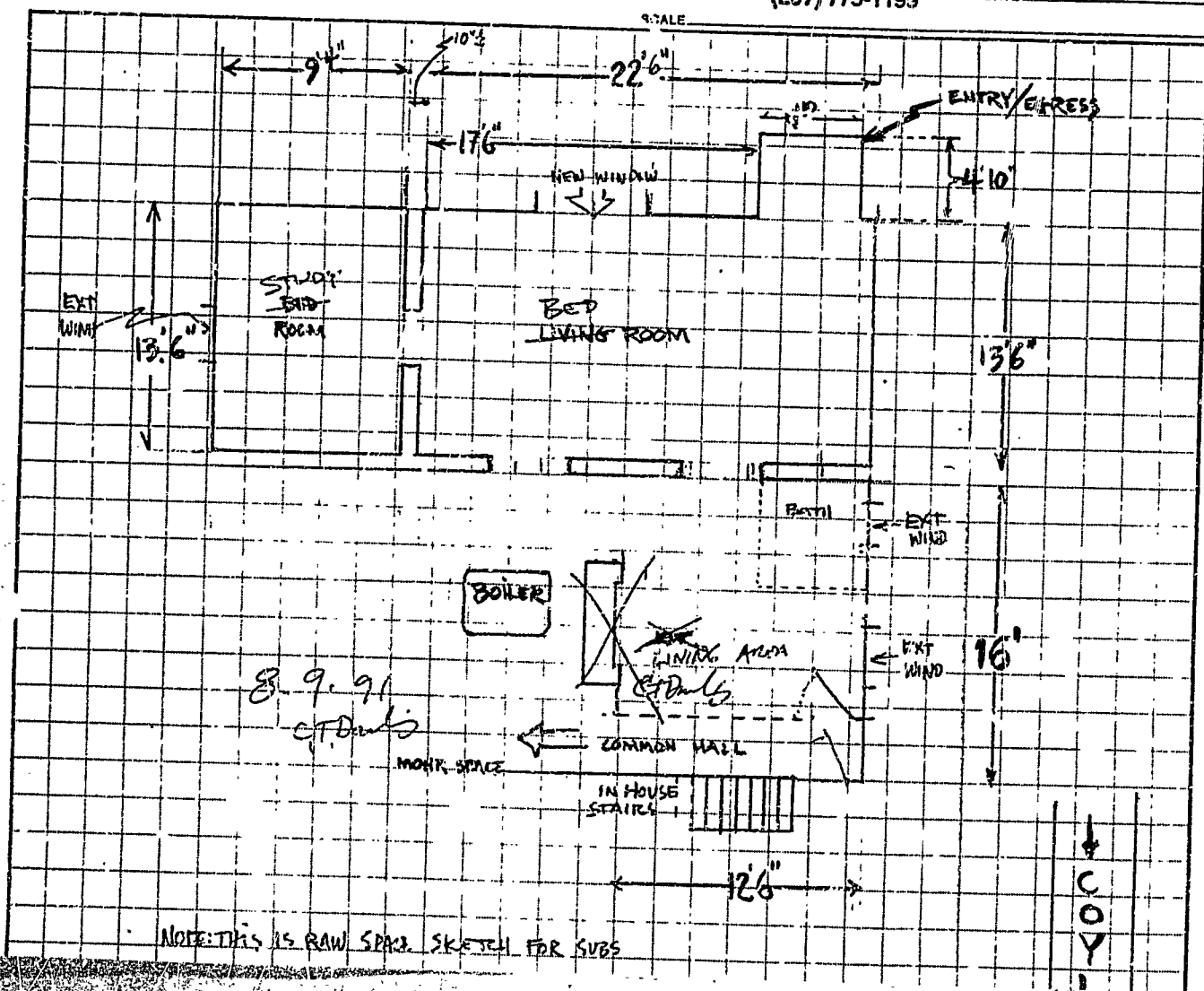
_____ / _____ / _____

DATE: _____

REMARKS:

[illegible]

JOB: MOHR 59 COY. EST.
 SHEET NO. #1 OF _____
 CALCULATED BY: C.T. DARLING DATE: 05-21-91
 CHECKED BY: Christopher T. Darling DATE: _____
 (207) 778-1193



BUILDING PERMIT REPORT

ADDRESS: 57 Coyle ST. DATE: 12/29/91
REASON FOR PERMIT: 78 make interior renovations
basement.

BUILDING OWNER: Bernard Mohr

CONTRACTOR: C. T. Darling

PERMIT APPLICANT: 1

APPROVED: *6 *7 *9

CONDITION OF APPROVAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one (1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute, per square foot of floor throughout the entire area. An INDICATING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- X 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- X 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 74).



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 1/14/91, 19
Receipt and Permit number 01842

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 57 Coyle St.

OWNER'S NAME: Bernard Muhr

ADDRESS: Kenwood St - Portland

		FEES
OUTLETS:		
Receptacles <u>40</u>	Switches <u>10</u> Plugmold _____ ft TOTAL <u>50</u>	<u>10.00</u>
FIXTURES: (number of)		
Incandescent <u>10</u>	Flourescent _____ (not strip) TOTAL <u>10</u>	<u>2.00</u>
Strip Flourescent _____ ft		
SERVICES:		
Overhead <u>1</u>	Underground _____ Temporary _____ TOTAL amperes <u>200</u>	<u>15.00</u>
METERS: (number of) <u>1</u>		<u>1.00</u>
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of room) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____ Over 20 kws _____		
APPLIANCES: (number of)		
Ranges _____	Water Heaters _____	
Cook Tops _____	Disposals _____	
Wall Ovens _____	Dishwashers <u>1</u>	
Dryers _____	Compressors _____	
Fans _____	Others (denote) _____	
TOTAL <u>5</u>		<u>10.00</u>
MISCELLANEOUS: (number of)		
Branch Panels _____		
Transformers _____		
Air Conditioners Central Unit _____		
Geosia's Units (Windows) _____		
Signs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarm Residential _____		
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____		
over 30 amps _____		
Circus, Fairs, etc. _____		
Alteration to wires _____		
Repairs all of _____		
Emergency Light's battery _____		
Emergency Generators _____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT
FOR REMOVAL OF A "STOP ORDER" (304-16.6)

INSTALLATION FEE DUE: _____

DOUBLE FEE DUE: _____

TOTAL AMOUNT DUE: 38.00

INSPECTION:

Will be ready on anytime, 1991; or Will Call _____

CONTRACTOR'S NAME: Wilson Electric

ADDRESS: 649 River RD - Windham

TEL: 892-7127

MASTER LICENSE NO: Jim Wilson - #3741 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

Permu. Number 01842Permu. Number 01842

Location 2 6-0418-242

Owner DAVID ALP JILCHAK

Date of Permit 1-13-91

Final Inspection 2-5-91

By Inspector Jack K. York

Permit Application Register Page No. 102

INSPECTIONS: Service 2-5-91 by SIB
Service called in 2-5-91 - 10:51 Am
Closing-in 1-15-91 by SIB

PROGRESS INSPECTIONS.

DATE:

REMARKS.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation PORTLAND, MAINE

Street 57 COYLE STREET

Subdivision Lot #

PROPERTY OWNERS NAME

Last BEINARD First MEHR

Applicant Name JAMES F. BULFUC

Mailing Address of Owner/Applicant 299 MAIN STREET
PORTLAND, ME 04101

PORTLAND

1999

TOWN COPY

12/1/91

1.15

0.123

1.273

I certify that the above is a true and correct statement of the facts as they are, and I am the best of my knowledge and understanding that my false statement is a violation of the Maine Plumbing Rules.

Signature of Owner/Applicant S. K. Date 1/4/91

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Plumbing Inspector A. Rowe Date 2/9/91

PERMIT INFORMATION

This Application is for:

- ☒ NEW PLUMBING
- ☒ RELOCATED PLUMBING

Type Of Structure To Be Served:

- ☒ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER - SPECIFY:

Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # 025411

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Type of Fixture	Column 1 Number of Fixture	
		Number	Column 2
<p>HOOK-UP: to public sewer; in those cases where the connection is not regulated and inspected by the local Sanitary District</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>	Hosebibb / Silcock	0.1	Shower (and Shower)
	Floor Drain	0.1	Shower (Separate)
	Urinal	0.1	Sink
	Drinking Fountain	2.1	Wash Basin
	Indirect Waste	0.1	Water Closet (Toilet)
	Water Treatment Screen, Filter, etc.	0.1	Clothes Washer
	Grease/Oil Separator	0.1	Dish Washer
	Dental Cuspidor		Garbage Disposal
	Bidet		Laundry Tub
	Other		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2	0.5	Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee		0.5	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		\$15.	Total Fee
		\$15.	

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



THOMAS F. JEWELL
Chairman

ERIC J. GOUVIN
Secretary

RAY M. JOHNSON
JOHN C. KNOX
DEWEY A. MARTIN, JR.
MERRILL S. SELTZER
MICHAEL E. WESTORT

57 Coyle Street

June 4, 1991

Bernard and Karen Brown-Mohr
57 Coyle Street
Portland, Maine 04103

Dear Mr. and Mrs. Mohr:

This will acknowledge receipt of your application for a conditional use appeal to authorize a second apartment unit for your property located at 57 Coyle Street in the R-3 Residence Zone. Section 14-88 of the Zoning Ordinance provides for a second apartment unit to be provided in an existing residence subject to approval by the Board of Appeals.

This appeal will be considered by the Board of Appeals at their June 27th meeting in Room 209, City Hall, Portland, Maine, at 7 P.M. A copy of the agenda for that meeting will be sent to you as soon as copies become available for distribution.

Any new windows or partitions for a bathroom and kitchen constitute a basis for obtaining an alteration or building permit following the approval of your conditional use appeal by the Board of Appeals.

It is suggested that if you cannot be present at the hearing that you may wish to be represented at the meeting by a legal counsel, who is familiar with the facts relating to your appeal.

Sincerely,

Warren J. Turner
Warren J. Turner
Administrative Assistant

cc: Thomas F. Jewell, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspection Services
William D. Giroux, Zoning Administrator
Arthur Rowe, Code Enforcement Officer
Charles A. Lane, Associate Corporation Counsel

918170

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Earnard Moore Phone # 775-5511
Address: 57 Coyle St. Portland, Maine
LOCATION OF CONSTRUCTION 57 Coyle St.
Contractor: Abbot & Leigh Co. Sub: _____
Address: 385 Main St. R Unit 1 So. Portland 04106 Phone # 775-4338
Est. Construction Cost: 2400.00 Proposed Use: single family
Past Use: single family
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Tot. Sq. Ft. _____
St. vics: _____ # Bedrooms _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion to construct wall and skylight as per plan

For Official Use Only	
Date <u>October 17, 1991</u>	Subdivision _____
Inside Fire Limits _____	Name <u>MOORE</u>
Blgd Code _____	Lot _____
Truss Limit _____	Ownership: _____
Estimated Cost <u>2400.00</u>	_____
Zoning: <u>R-5</u>	_____
Street Frontage Provided: _____	_____
Provided Setbacks: Front _____ Back _____ Side _____	_____
Review Required: _____	_____
Zoning Board Approval: Yes _____ No _____ Date: _____	_____
Planning Board Approval: Yes _____ No _____ Date: _____	_____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____	_____
Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____	_____
Special Exception _____	_____
Other: <u>W.D. 10-18-91</u>	_____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other: _____

Floor:

1. Joist Size: _____ Sills must be anchored.
2. Joist Spacing: _____ Size: _____
3. Joist Size: _____ Spacing 16" O.C.
4. Bridging Type: _____ Size: _____
5. Floor Sheathing Type: _____ Size: _____
6. Other Material: _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Size _____ Spacing _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____

10. Masonry Materials

11. Metal Materials

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Size _____ Spacing _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joist Size: _____
2. Ceiling Sheathing Size _____ Spacing _____
3. Type Ceiling: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Spacing _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

1. Type: _____ Number of Fire Places _____

Heating:

1. Type of Heat: _____

Electrical:

1. Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:

1. Approval of soil test is required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By LatiniSignature of Applicant Kenneth Leigh Date 10/17/91CEO's District 7

CONTINUED TO REVERSE SIDE

Ivory Tag - C/O Mr. Rowe

Whits - Tax Assessor

PLOT PLAN



FEES (Breakdown From Front)

Base Fee \$ 45.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS 2 sheets of plans submitted

6/7/91 Completed - A-1

Signature of Applicant

John R. Ceballos

Date

May 15, 1991

BUILDING PERMIT REPORT

ADDRESS: 57 Coyle St DATE: 12/10/91
REASON FOR PERMIT: To Construct deck

BUILDING OWNER: Brown - Mark
CONTRACTOR: Albort / Leigh Co.
PERMIT APPLICANT: 11
APPROVED: *

CONDITION OF APPROVAL:

- 1.) Before concrete for foundation is placed, approvals from Public Works and Inspection Services must be obtained.
- 2.) Precaution must be taken to protect concrete from freezing.
- 3.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 4.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 5.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. Sprinkler piping serving not more than six sprinklers may be connected to a domestic water supply system having a capacity sufficient to provide 0.15 gallons per minute per square foot of floor throughout the entire area. An IN-CEILING shut-off valve shall be installed in an accessible location between the sprinkler and the connection to the domestic water supply. Minimum pipe size shall be 3/4 inch copper or 1 inch steel. Maximum coverage area of a residential sprinkler is 144 square feet per sprinkler.
- 6.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m²). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).
- 7.) All single and multiple-station smoke detectors shall be of an approved type and shall be installed in accordance with the provisions of the building code (BOCA National Building Code 1990, and N.F.P.A. 74).


8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

*9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening.

10. Section 25-135 of the Municipal Code for the City of Portland states:
"No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year."

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,


P. Samuel Hoffges
Chief of Inspection Services

/s/
11/16/88
11/27/90

8" sona tube 4' deep

4x4 P.T. support post

2x10 joists + Girders

ALL structural will be P.T

vertical grain fir decking

Railing - fir with balusters at $5\frac{1}{2}$ " centers

4' wide stairs to ground with railing

deck height off ground - approx. 2'

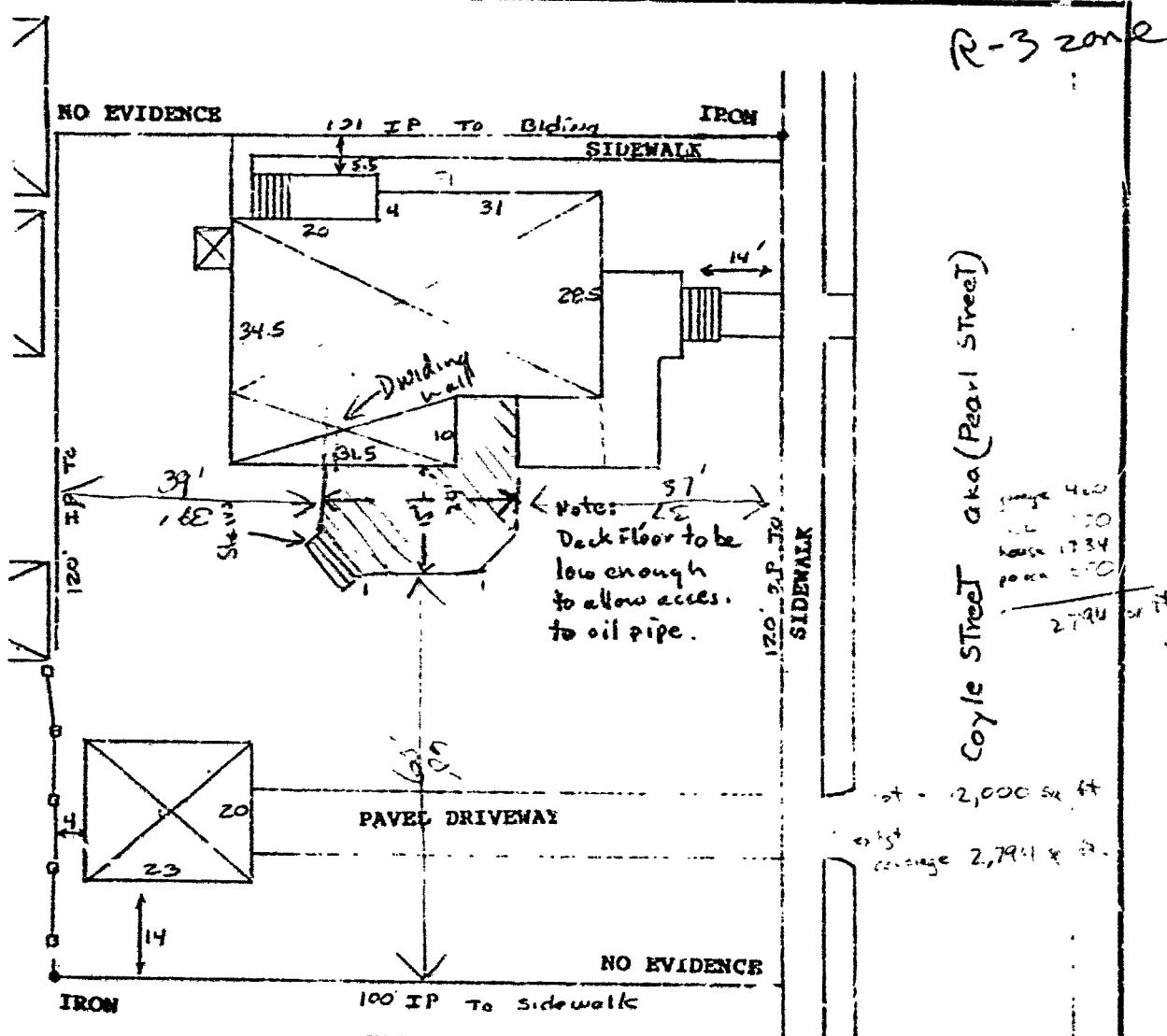
Bernard & Karen Mahr.
57 Coyle St

DECK PLAN

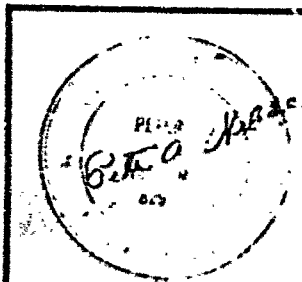
214025583

CT

R-3 zone



SURVEYORS CLASS D REPORT MORTGAGE CERTIFICATION DRAWING



PROPERTY OF		
Chester H. Pease 57 Coyle Street, Portland		
SCALE: 1" = 20'	INSTITUTION	DRAWN BY: P.A.W.
DATE: OCT 26, 1990		FILE NO: CL 6581
FOR: Bernard J. & Karen Brown-Mohy		
SURVEYOR Peter A. Webber, R.L.S. 0829 Scarborough, Maine		DRAWING NUMBER 19901026A



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 6/26/91, 19
Receipt and Permit number 1399

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specification:

LOCATION OF WORK: 57 Coyle St.

OWNER'S NAME: Bernard Mohr

ADDRESS: same

	FEES
OUTLETS:	
Receptacles <u>17</u> Switches <u>6</u> Plugmold _____ ft TOTAL <u>23</u>	<u>4.60</u>
FIXTURES: (number of)	
Incandescent <u>7</u> Fluorescent _____ (not strip) TOTAL <u>7</u>	<u>1.40</u>
Strip Fluorescent _____ ft	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of)	
MOTORS: (number of)	
Fractional	
1 HP or over	
RESIDENTIAL HEATING:	
Oil or Gas (number of units)	
Electric (number of rooms)	
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by : main boiler)	
Oil or Gas (by : separate units)	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
TOTAL	
MISCELLANEOUS: (number of)	
Branch Panel	
Transformers	
Air Conditioners Central Unit	
Separate Units (windows)	
Signs 20 sq. ft. and under	
Over 20 sq. ft.	
Swimming Pools Above Ground	
In Ground	
Fire/Burglar Alarms Residential	
Commercial	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under	
over 30 amps	
Circuits, Fairs, etc.	
Alterations to wires	
Repairs after fire	
Emergency Lights, battery	
Emergency Generators	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:

TOTAL AMOUNT DUE: 15.00

minimum fee

INSPECTION:

Will be ready on 6/27 - pm, 1991, or Will Call _____

CONTRACTOR'S NAME: Seaber Electric

ADDRESS: Anderson St. Pld

TEL: 774-4880

MASTER LICENSE NO: Don McCoach #11399

LIMITED LICENSE NO: _____

SIGNATURE OF CONTRACTOR: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

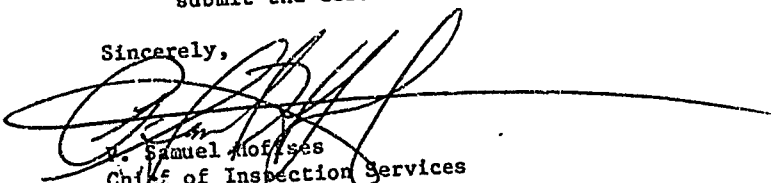
8.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floor- and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1 3/4-inch solid core wood doors or approved equivalent.

* 9.) A guardrail system located near the open side of deck or elevated walking surfaces shall be constructed. Guards in buildings of Use Group R-3 shall be not less than 36 inches in height. Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 4 inches cannot pass through any opening.

10.) Section 25-135 of the Municipal Code for the City of Portland states: "No person or utility shall be granted a permit to excavate or open any street or sidewalk from the time of November 15 of each year to April 15 of the following year.

11.) The builder of a facility to which Section 4594-C of the Maine State Human Rights Act, Title 5 M.R.S.A. refers, shall obtain a certification from a design professional that the plans of the facility meet the standards of construction required by this section. Prior to commencing construction of the facility, the builder shall submit the certification to the Division of Inspection Services.

Sincerely,


W. Samuel Hoffses
Chief of Inspection Services

/el
11/16/88
11/27/90

912919

Permit # 912919 City of Portland BUILDING PERMIT APPLICATION Fee \$101 Zone Map # Lot #
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bernard 404r Phone # 775-6677
Address: 57 Cox St; Ptd. 1E 81123
LOCATION OF CONSTRUCTION 57 COX ST.
Contractor: C. T. Darling Sub: 775-1133
Address: Box 1325; Ptd. 1E Phone # 11101
Est. Construction Cost: 17,000. Proposed Use: 1-fam renovation Zoning: A-3
Past Use: 1-fam
of Existing Res. Units # of New Res. Units
Building Dimensions L W Total Sq. Ft.
Stories: # Bedrooms Lot Size:
Is Proposed Use: Seasonal Condominium Conversion
Explain Conversion Interior renovations - 1st floor

Foundation:

1. Type of Soil:
2. Set Backs - Front Rear Side(s)
3. Footings Size:
4. Foundation Size:
5. Other

Floor:

1. Sills Size: Sills must be anchored.
2. Girder Size:
3. Lally Column Spacing: Size: Spacing 16" O.C.
4. Joists Size:
5. Bridging Type: Size:
6. Floor Sheathing Type: Size:
7. Other Material:

Exterior Walls:

1. Studding Size Spacing
2. No. windows
3. No. Doors
4. Header Sizes Spacing
5. Bracing: Yes No
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Type Size Weather Exposure
9. Cladding Type
10. Masonry Material
11. Metal Materials

Interior Walls:

1. Studding Size Spacing
2. Header Sizes Spacing
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

For Official Use Only

Date 5/23/91
Inside Fire Limits
Bldg Code
Time Limit
Estimated Cost 17,000

Subdivision:
Name:
Lot:
Ownership:

PERMIT ISSUED

AUG 13 1991

CITY OF PORTLAND

Street Frontage Provided: Side Side
Provided Setbacks: Front Back Side Side
Review Required:
Zoning Board Approval: Yes No Date:
Planning Board Approval: Yes No Date:
Conditional Use: Variance Site Plan Subdivision
Shoreland Zoning Yes No Floodplain Yes No
Special Exception
Other (Explain) WDA-728-12-91

Ceiling:

1. Ceiling Joists Size: Spacing North District for Landmark
2. Ceiling Strapping Size Spacing Does not require review.
3. Type Ceilings: Size Requires review.
4. Insulation Type
5. Ceiling Height:

Roof:

1. Truss or Rafter Size: Span Action: Approved.
2. Sheathing Type Size Approved with Condition
3. Roof Covering Type Date: 5/23/91

Chimneys:

Type: Number of Fire Places

Heating:

Type of Heat:

Electrical:

Service Entrance Size: Smoke Detector Required Yes No

Plumbing:

1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:

1. Type: Square Footage
2. Pool Size:
3. Must conform to National Electrical Code and State Law.

Permit Issued By Louise C. Chase

Signature of C. T. Darling Date 05.23.91

Signature of CEO Date

Inspection Dates

White-Tax Assessor Yellow-GPCOG

White Tag GEO

© Copyright GPCOG 1988

PLOT PLAN



FEES (Breakdown From Front)
 Base Fee \$ 105-
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Inspection Record	Date
Type _____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS Sept 3, 1991 COO for living space - NO sleeping rooms
and must remain a single family
AD X

Signature of Applicant Ch. T. [Signature] Date MAY. 28 - 1991



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 57 Coyle St.

Issued to Bernard Mohr

Date of Issue September 3, 1991

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 91/2919, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Basement

APPROVED OCCUPANCY

Livingspace — No sleeping rooms

Limiting Conditions:

Must remain a single family dwelling

This certificate supersedes
certificate issued

Approved:

9/3/91

(Date)

Inspector

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

913170 913170

Permit # 913170 City of Portland BUILDING PERMIT APPLICATION Fee \$30.00 Zone Map # Lot#

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Bernard Moore Phone # 115-6377

Address: 57 Coyle St. Portland, Maine

LOCATION OF CONSTRUCTION 57 Coyle St.

Contractor: Abbot & Leigh Co. Sub:

Address: 385 Main St. R Unit 1 So. Portland 04106 Phone # 775 4338

Est. Construction Cost: 2400.00 Proposed Use: single family

Past Use: single family

of Existing Res. Units # of New Res. Units

Building Dimensions L W Total Sq. Ft.

Stories: # Bedrooms Lot Size:

Is Proposed Use: Seasonal Condominium Conversion

Explain Conversion to construct wall and skylight as per plan

For Official Use Only

Date October 17, 1991 Subdivision: Name OCT 18 1991

Inside Fire Limits Lot

Bldg Code Ownership: CITY OF PORTLAND

Time Limit

Estimated Cost \$2400.00

Zoning: R-5

Street Frontage Provided: Back Side Side

Provided Setbacks: Front Back Side Side

Review Required:

Zoning Board Approval: Yes No Date:

Planning Board Approval: Yes No Date:

Conditional Use: Variance Site Plan Subdivision

Shoreland Zoning Yes No Floodplain Yes No

Special Exception

Other (Explain) WDA 10-18-91

Ceiling:

1. Ceiling Joists Size: Spacing

2. Ceiling Strapping Size Spacing

3. Type Ceilings: Size

4. Irrigation Type Size

5. Ceiling Height: 00.00

Roof:

1. Truss or Rafter Size Span

2. Sheathing Type Size

3. Roof Covering Type

Chimneys:

Type: Number of Fire Places (=1)

Heating:

Type of Heat:

Electrical:

Service Entrance Size: Smoke Detector Required Yes No

Plumbing:

1. Approval of soil test if required Yes No

2. No. of Tubs or Showers

3. No. of Flushes

4. No. of Lavatories

5. No. of Other Fixtures

Swimming Pools:

1. Type: x Square Footage

2. Pool Size: x Square Footage

3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant Kenneth Leigh Date 10/17/91

CEO's District 7

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO [Z] Mr. Row

White - Tax Assessor

PLOT PLAN

N



FEES (Breakdown From Front)
 Base Fee \$ 30.00
 Subdivision Fee \$ _____
 Site Plan Review Fee \$ _____
 Other Fees \$ _____
 (Explain) _____
 Late Fee \$ _____

Type	Inspection Record		Date
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

COMMENTS one copy of plans 12/5/91 OK AC

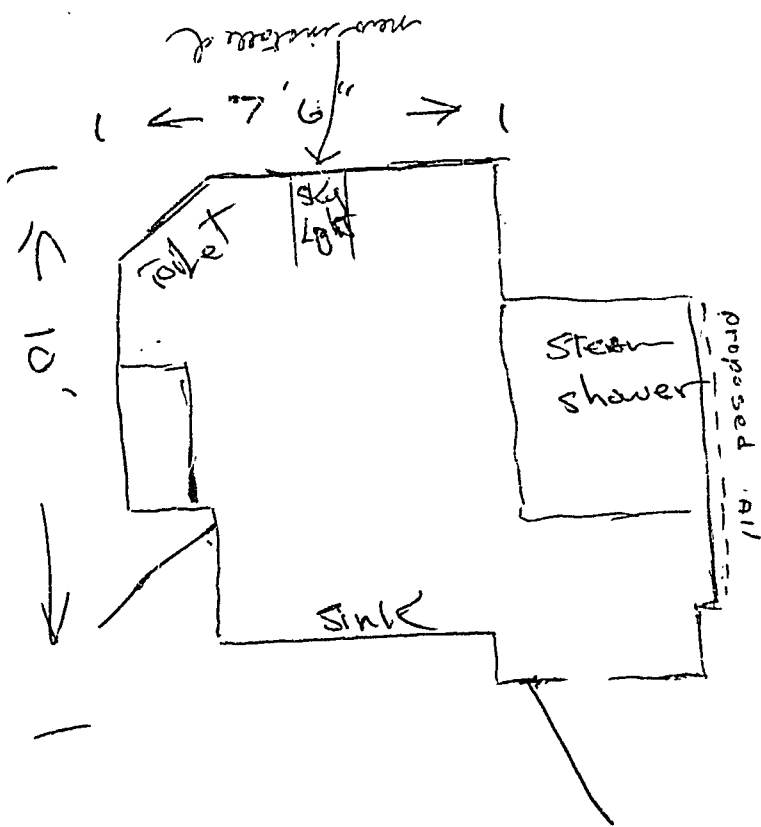
CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

K. H. Chaff 385 main ST So. Portland Me 775-4338
 SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.



skylight in
between RAFTERS

Proposed wall is
not structural

Not going to
cut any RAFTERS

Bernard Mohr
57 Cayne St.
Portland, Me
775-6577



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 11/6/91, 19
Receipt and Permit number 4852

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 57 Coyle St.

OWNER'S NAME: Bernard Mohr ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>1</u> Switches <u>3</u> Plugmold _____ ft. TOTAL <u>4</u>80
FIXTURES: (number of)	
Incandescent <u>3</u> Fluorescent _____ (not strip) TOTAL <u>3</u>60
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____ ..	
METERS: (number of) _____	
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
RESIDENTIAL HEATING:	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>1</u>	1.00
COMMERCIAL OR INDUSTRIAL HEATING:	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
APPLIANCES: (number of)	
Ranges _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (denote) <u>steam generator</u>	
TOTAL <u>1</u>	2.00
MISCELLANEOUS: (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
FOR REMOVAL OF A "STOP ORDER" (304-16.b) DOUBLE FEE DUE:

TOTAL AMOUNT DUE: 15.00

INSPECTION:

minimum fee

Will be ready on 11/8-am, 1991; or Will Call _____
CONTRACTOR'S NAME: Andrew Casparius
ADDRESS: 20 Hillside Ave- Cumberland
TEL.: 829-6555
MASTER LICENSE NO.: #04852 SIGNATURE OF CONTRACTOR: Andrew Casparius
LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS—

Permit Number A852

Location 57 Coule

Owner Stevan Mehr

Date of Permit 11-6-91

Final Inspection 11-8-91

By Inspector S. B. D.

Permit Application Register Page No. 117

INSPECTIONS: Service _____ by _____

Service called in _____

Closing in 11-8-91 by SA

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE: | REMARKS:

DATE:

REMARKS:

